

State of Nevada ADVANTAGE System
Financial Training Sign Up Sheet

Dates: _____

Agency: _____

Agency Number(s): _____

	NAME	NAV* Tues 8:30-12	CR Tues 1-4	PV Wed 8:30-11	JVR Wed 11-12
1					
2					
3					
4					
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19					
20					

SPECIAL ACCOMMODATION: If an employee is signed up for training and requires special accommodation for conditions including but not limited to hearing, sight, or mobility, please detail below:

Please return this form to the STATE CONTROLLER'S OFFICE, IFS PROJECT